

## Testimony of Shawn M. Lang Program Investigation and Review Committee 1 March 2010

Senator Kissell, Representative Mushinsky, members of the committee; I appreciate the opportunity to testify before you today. I'm Shawn M. Lang, the Director of Public Policy with the CT AIDS Resource Coalition, Connecticut's only statewide HIV/AIDS organization. We work to ensure that the 10,000 people living with HIV/AIDS in our state have the housing, care and supportive services they need in order to live their lives in dignity.

I'm here to testify on HB Bill 5165 is titled "An Act Concerning High School Graduation Requirements. While I appreciate that the committee raised the bill, I'm concerned that the graduation requirement of a half credit in comprehensive health education is insufficient. I respectfully, request that that be changed to a full credit, half of which could be accomplished in middle school and the other half in high school.

The state Board of Education has an excellent comprehensive health education curriculum which includes comprehensive sexuality education. Comprehensive sex ed is what youth want and need, and what parents support and believe is already being offered in our schools.

The need for age-appropriate, evidenced based, ongoing comprehensive sex ed is screaming at us from many fronts.

In the State of Connecticut, sexually transmitted disease rates are primarily occurring in youth between the ages of 13 – 24. 70% of all reported Chlamydia cases fall into this age group; as do 50% of all gonorrhea cases. What this tells us is that our youth are engaging in high risk, unprotected sexual behaviors and are ill-equipped and ill-informed as to how to navigate relationships or how to properly protect themselves.

Increasing HIV infection rates are sure to follow in the wake of the STDs rates. In 2009, 18% of newly reported HIV cases in CT occurred in young people under the age of 29, most of who were infected when they were in their teens or early 20s. Nationally, half of all new HIV infections occur in people under age 25; one-fourth in people under the age of 21. Because many sexually active teens have not been tested for HIV, the actual number of teens living with HIV infection is estimated to be much higher than the *reported* number. Young people do not get tested regularly and because of that, they tend to get tested later when they have symptoms or end up hospitalized with an opportunistic infection.

At the 2006 International AIDS Conference, there was a major focus on youth. I remember one young woman from Canada who addressed a crowd of about 20,000 people. I'll never forget her words and the impact they had on me. She said, "You have no right to withhold information from me that would allow me to protect myself."

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While I'm here officially representing the AIDS LIFE Campaign; I'm also here and support this bill because I'm a mom to my 12 year old son, Corbett. Ensuring that there is a full credit in Comprehensive Health Education is important to me as a parent. It would create exactly the partnership that's so desperately needed between our schools, our kids, parents and the community.

Corbett deserves to get accurate, age-appropriate, science based information to protect him. And as a parent, I have the responsibility to support him with information that responsive and responsible. Please support a full credit graduation requirement in comprehensive health education.

Thank you.

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Visit: www.healthyteensct.org

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The Healthy Teens Coalition supports legislation requiring a graduation requirement of 1 credit in health education, including developmentally appropriate comprehensive sexuality education.

- Connecticut is one of 14 states that do not require a health education credit before graduation.
- The full credit health education requirement, up to half of which may be fulfilled in middle school, can be met in middle school and high school health education courses.
- The Connecticut State Board of Education believes that a coordinated approach to school health effectively
  aligns health and education efforts and leads to improved physical, mental and developmental outcomes for
  students.
- A coordinated approach to school health provides the framework for families, community-based partners and schools to work together to improve student achievement. It incorporates eight components: physical education; nutrition; school-family-community partnerships; health services; mental health services; healthy physical and emotional school environment; staff wellness; and comprehensive health education.
- It is imperative that comprehensive health supported by a school-family community partnership be offered in pre-kindergarten through Grade 12.
- A coordinated approach to school health can be built upon these core principles which are embedded in the Connecticut State Department of Education (CSDE) *Healthy and Balanced Living Curriculum Framework for Comprehensive School Health Education and Comprehensive Physical Education* (2006).
- In 2008 polling showed 83% of CT voters think that with pressures mounting on our teens, sex education that includes information about abstinence and birth control can't be put off. (Lake Research March 2008)
- 72% (8,285) of reported Chlamydia cases in CT in 2007 were among young people aged 10-24. Left untreated, Chlamydia is a major contributor to infertility later in life. 57% (1,329) of reported Gonorrhea cases in CT in 2007 were among young people aged 10-24.<sup>2</sup>
- Teens and young adults under the age of 25 continue to be at risk for HIV and most young people are infected through unprotected sex<sup>3</sup>. African Americans are disproportionately affected by HIV infection; accounting for 55% of all HIV infections reported among persons aged 13–24<sup>4</sup>. The lifetime per person HIV care cost is now \$618,900.<sup>5</sup> In 2009 18% of newly reported HIV infections in Connecticut occurred in people between the ages of 13 -29.<sup>6</sup>
- An estimated 80,000 CT high school students report they have had sexual intercourse and nearly 80% first had sexual intercourse between the ages of 13 and 16.<sup>7</sup>

The Healthy Teens Coalition is comprised of advocates seeking to offer medically accurate, developmentally appropriate sex education in Connecticut schools. Currently our efforts are focused on requiring a health education credit for graduation to meet this goal. See <a href="https://www.healthyteensct.org">www.healthyteensct.org</a> for a list of coalition members.

## **Healthy Teens Coalition Members:**

- AIDS LIFE Campaign
- AIDS Project Hartford
- American Academy of Pediatrics, CT Chapter
- AAUW, CT
- Central Area Health Education Center
- City of New Haven
- CT AIDS Resource Coalition (CARC)
- CT Area Health Education Centers (AHEC)
- CT Association of School Based Health Centers
- Connecticut Association of Health, Physical Education, Recreation and Dance (CTAHPERD)
- CT Association of Administrators of Health and Physical Education (CAAHPE)
- CT Coalition Against Domestic Violence (CCADV)
- CT Conference of the United Church of Christ
- Connecticut Education Association (CEA)
- CT Public Health Association
- CT Sexual Assault Crisis Services (CONNSACS)
- CT Women's Education and Legal Fund (CWEALF)
- CT Women's Health Campaign
- GLSEN Connecticut (Gay, Lesbian and Straight Education Network)

- Greater New Haven PFLAG
- Hartford Action Plan, Breaking the Cycle Campaign
- Health Education Department, University of Connecticut
- Nancy A. Humphries Institute for Political Social Work
- National Association of Social Workers, CT chapter
- National Council of Jewish Women, CT
- NARAL Pro-Choice Connecticut
- New Haven Home Recovery
- OB-GYN Section, Department of Surgical Services, Bristol Hospital
- P-FLAG, Hartford
- Planned Parenthood of Southern New England
- Religious Coalition for Reproductive Choice of CT
- Religious Institute
- Restoration Temple Deliverance Mission Churches, Inc.
- True Colors
- Windham Regional Community Council
- YWCA Hartford Region
- YWCA New Britain

For the most up to date list of Healthy Teens Coalition Members visit: http://www.healthyteensct.org/

The following medical and public health professional organizations solidly endorse providing comprehensive sex education that offers information about a range of sexual health and contraceptive options, including, but not limited to, abstinence for teenagers in their schools. 8,9,10,11

- The American Medical Association
- The American Academy of Pediatrics
- The American College of Obstetrics and Gynecologists

- The American Public Health Association
- The American Psychological Association
- United States Surgeon General

<sup>&</sup>lt;sup>1</sup> Other states include: Arizona, California, Colorado, Massachusetts, Missouri, Oklahoma, Pennsylvania, Iowa, Minnesota, Nebraska, New Mexico, Vermont, Wyoming

<sup>&</sup>lt;sup>2</sup> State of Connecticut, Department of Public Health, Sexually Transmitted Diseases, 2007

<sup>&</sup>lt;sup>3</sup> Slide Set: HIV/AIDS Surveillance in Adolescents and Young Adults (through 2005).

CDC. <u>HIV Prevention in the Third Decade</u>. Atlanta: US Department of Health and Human Services, CDC; 2005.
 Schackman, B. Medical Care, November 2006; vol 44: pp 990-997. News release, Weill Medical College of Cornell

University. Bruce R. Schackman, PhD, chief, division of health policy, Weill Cornell Medical College.

<sup>&</sup>lt;sup>6</sup> State of Connecticut, Department of Public Health 2009 Surveillance

<sup>&</sup>lt;sup>7</sup> State of Connecticut, Department of Public Health, Connecticut School Health Survey (2005)

Silva M. The effectiveness of school-based sex education programs in the promotion of abstinent behavior: a meta analysis. Health Education Research. 2002;17(4):471-481.

<sup>&</sup>lt;sup>9</sup> Siecus Public Policy Office. In Good Company: Who Supports Comprehensive Sexuality Education? Available at: http://www.siecus.org/policy/in\_good\_company.pdf. Accessed February 3, 2005.

Abstinence, monogamy, and sex [Editorial]. The Lancet. 2002;360(9327):97.
 Wetzstein C. AMA revises sex-ed policy. Washington Times, 2004.